Provider ID: 1-200048

Home Name: Clarabelle A. Vallo, NA Review ID: 1-200048-3

91-1142 Haiano Place Reviewer: Jackie Chamberlain

Ewa Beach HI 96706 Begin Date: 10/7/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

The issues of:

1. A CCFFH admits a client without a

CMA.§11-800-42(a)(5)

2. Admitting a private pay client as your first CCFFH client

will be addressed under separate cover. Please continue to address your Deficiency Report and submit by the due date specified on your CAR.

Foster Family	Home Backgr	ound Checks	[11-800-8]	
8.(a)(1)	Be subject to crimin	al history record checks in a	ccordance with section 846-2.7, HRS	
Comment:				

8.(a)(1) No proof of year 1 or 2 fingerprints / APS / or CAN

Foster Famil	ly Home	Reporting Changes	[11-800-12]	
12.	case ma	se management agency or home shall im anagement agency's or home's ability to ported include, but are not limited to, cha	mediately report to the department changes comply with the applicable requirements of anges:	that may affect the this chapter. Changes
12.(4)	In the h	ousehold composition or structure of the	home; and	
Comment:				

- 12. Email provided by CCFFH not in service. CCFFH was unaware of active email address until CTA send email from G iphone to fine out active email address.
- 12.(4) An elderly female was found in the home and discovered to be a private pay client since 04/20/2018

Foster Family	y Home Information Confidentiality	[11-800-16]
16.(a)	All information relating to individuals who apply f community care foster family home services sha	or or receive home and community-based case management and Il be confidential.
16.(b)(1)	Have written policies and procedures that relate	to confidentiality and privacy rights of applicants and recipients;
16.(b)(2)	Safeguard all confidential information about appl	icants and recipients of services;
16.(b)(3)	Inform clients about their confidentiality practices	;
16.(b)(5)	Provide training to all employees, and for homes procedures and client privacy rights.	, other adults in the home, on their confidentiality policies and
0		

Comment:

- 16.(a) no proof of confidentiality
- 16.(b)(1) no proof of written policies and procedures
- 16.(b)(2) No proof of Safeguard all confidential information about applicants and recipients of services
- 16.(b)(3) No proof of Inform clients about their confidentiality practices
- 16.(b)(5)no proof of Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Foster Family	Home Personnel and Staffing	[11-800-41]
41.(b)(5)(C)(ii)	Have a current tuberculosis clearance;	
41.(b)(8)	Have documentation of current training in blood borne resuscitation, and basic first aid.	pathogen and infection control, cardiopulmonary
41.(c)	training annually which shall be approved by the depa	ne substitute caregiver shall attend eight hours, of in-service the training received by all caregivers, in the caregiver file in the
41.(f)	The primary caregiver shall maintain a file on all adult evidence that they have current:	household members who are not substitute caregivers with
41.(f)(1)	Tuberculosis clearances that meet department of heal	th guidelines; and
41.(f)(2)	Background checks	
41.(i)	The primary caregiver shall notify the department of a composition.	ny dependent household members or changes in household

Comment:

- 41.(b)(5)(C)(ii) No acceptable evidence of valid TB screening. All copies have evidence of white out and signed by MD without a patient name
- 41.(b)(8) blood borne pathogen has expired for CG 1 and 2
- 41.(c) no evidence of in-service training annually for CG 1 or 2
- 41.(f) 41.(f)(1)41.(f)(2) Undisclosed elderly female client (private pay client) has been present since 4/2018 And an 18 year old family member without fingerprints or background checks or confidentiality training
- 41.(i) 2 undisclosed adults reside in the home as stated above

Foster Family	Home Client Care and Services	[11-800-43]
43.(b)		caid recipients, or if certified by the department for three beds, two less the requirements for two private pay individuals under section
43.(c)(2)	Be based on care directions from the client to the management agency when the client is not capab	maximum extent possible, with monitoring by the case le of providing care directions;
43.(c)(3)	Be based on the caregiver following a service plan delegate client care and services as provided in c	n for addressing the client's needs. The RN case manager may hapter 16-89-100.
43.(c)(5)(A)	Appropriate, safe techniques, and infection control	l procedures; and
43.(c)(6)(A)	Be arranged and provided, in accordance with the interests, needs, and capabilities; and	service plan, in or outside the home according to the client's

Comment:

- 43.(c)(5)(A) unable to verify due to no CMA and no daily flow sheet
- 43.(b) Admitting a private pay client as your first CCFFH client will be addressed under separate cover
- 43.(c)(2) Undisclosed private Client has no CMA
- 43.(c)(3) No service plan or CMA for the private client

Foster Family Home	Fire Safety	[11-800-46]
		[555 .0]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2) No documentation of fire drills for CG 1 or 2

Foster Fami	ly Home Medic	ation and Nutrition	[11-800-47]	
47.(a)	physician orders p		administer medications that are to be inje stered nurse may delegate the administ	
47.(d)(1)	By order of a phys	ician;		
47.(d)(2)	Reflected in the cli	ent's service plan; and		
47.(e)	The caregivers sha person who is regi	all obtain specific instructions and tr stered, certified, or licensed to provi	aining regarding special feeding needs o de such instructions and training.	of clients from a

Comment:

- 47.(a) There is No case management agency or delegations
- 47.(d)(1) There is no doctors orders for the private pay client
- 47.(d)(2) There is no service plan for the private pay client
- 47.(e)There is no proof of specific instructions and training regarding special feeding needs of the private pay client

Foster Family H	ome	Client Account		[11-800-48]		
48.(a)	The home behalf by	shall maintain a written accoun the home.	ting of the client's pe	rsonal funds received a	nd expended on t	he client's
Comment:						

48.(a) no documentation or written accounting of the client's personal funds

Foster Family Home Physical Environment [11-800-49]

49.(e) The home shall have policies regarding smoking on the property that:

49.(e) No evidence of a smoking policy

Foster Family Ho	me Quality Assurance	[11-800-50]
	The home shall have documented internal emergency manage situations that may affect the client, such as but not limited to:	
Commont:		

Comment:

Comment:

50.(a)no proof of documented internal emergency management policies and procedures for emergency situations that may affect the client

Foster Family H	lome	Insurance Requirements	[11-800-51]	
51.(a)(1)	General;			
Comment:				

51.(a)(1) no proof of general insurance

Foster Family H	Iome Client Rights	[11-800-53]
53.(a)		s of the client during the client's stay in the home shall be ent, or the client's legal representative, and made available to the
53.(b)(1)		n, of these rights and of all rules governing the client's conduct in the client or the client's legal representative that this procedure
53.(b)(2)	Have the right to reside in the home of the client's o	hoice;
53.(b)(3)	Be fully informed, prior to or at the time of admissio the home and related charges;	n, and during the client's stay, of services available in or through
53.(b)(5)		rights, including the client's grievance rights, and to recommend egiver or outside representatives of the client's choice, free from etaliation.
53.(b)(5)(A)	The client shall be assisted in contacting individuals agency; and	s or agencies of the client's choice by the case management
53.(b)(5)(B)	The client may present grievances to the department	nt;
53.(b)(6)	Be fully informed of the conditions under which the	home may manage the client's personal financial affairs;
53.(b)(7)	Not be humiliated, harassed, or threatened, and be chemical restraints may be used as specified in sec	free from physical and chemical restraints. Physical and ction 11-800-47(d);
53.(b)(8)	Have the client's personal and medical records kep	t confidential;
53.(b)(9)	Be treated with understanding, respect, and full cor privacy in treatment and in care of the client's person	sideration of the client's dignity and individuality, including and needs;
53.(b)(10)	Not be required to perform services for the home un	nless agreed to by the client and documented;
53.(b)(11)	Have the right to associate and communicate private personal mail and items unopened;	rely with persons of the client's choice, and to send and receive

Page 4 of 6

53.(b)(12)	Have the right to meet with and participate in activities of social, religious, and community groups at the client's discretion;
53.(b)(13)	Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;
53.(b)(15)	Have daily visiting hours and provisions for privacy established;
53.(b)(16)	Shall not have dietary restrictions used as punishment; and
53.(b)(17)	Have a right to be free from abuse.

Comment:

- 53.(a) no evidence of Written policies and procedures regarding the rights of the client
- no evidence of client being informed of rights and of all rules in the following areas
- 53.(b)(1)no evidence that client was informed of client rights and of all rules governing the client's conduct in the home 53.(b)(2)no evidence that client was informed that client right to reside in the home of the client's choice
- 53.(b)(3)no evidence that client was informed that client Be fully informed, prior to or at the time of admission, and during the client's stay, of services available in or through the home and related charges
- 53.(b)(5)no evidence that client was informed that client should be encouraged and assisted to exercise the client's rights 53.(b)(5)(A)no evidence that client was informed that client shall be assisted in contacting individuals or agencies of the client's choice
- 53.(b)(5)(B)no evidence of client may present grievances to the department
- 53.(b)(6)no evidence of client fully informed of the conditions under which the home may manage the client's personal financial affairs
- 53.(b)(7)no evidence of client informed of right to Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints
- 53.(b)(8)no evidence that client was informed that client's personal and medical records kept confidential
- 53.(b)(9)no evidence that client was informed of right Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs
- 53.(b)(10) No evidence client was informed they are Not be required to perform services for the home unless agreed to by the client and documented
- 53.(b)(11) No evidence client was informed they have right to associate and communicate privately with persons of the client's choice
- 53.(b)(12)no evidence that client was informed that client has the right to meet with and participate in activities of social, religious, and community groups
- 53.(b)(13)no evidence that client was informed that client Retain and use personal clothing and possessions
- 53.(b)(15)no evidence that client was informed that client daily visiting hours and provisions for privacy established
- 53.(b)(16)no evidence that client was informed that client Shall not have dietary restrictions used as punishment
- 53.(b)(17)no evidence that client was informed that client Have a right to be free from abuse

Foster Family	Home Records [11-800-54]
54.(a)	Each home shall maintain an administrative notebook including but not limited to
54.(a)(1)	Emergency procedures and an evacuation map;
54.(a)(2)	Appropriate program policies and procedures; and
54.(a)(3)	A list of applicable community resources.
54.(b)	The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
54.(b)(1)	Permit effective professional review by the case management agency, and the department; and
54.(b)(2)	Provide information for necessary follow-up care for the client.
54.(c)	The content of each client notebook shall be consistent with standards established by the department and shall contain:
54.(c)(1)	Client's vital information;
54.(c)(2)	Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
54.(c)(3)	Current copies of the client's physician's orders;
54.(c)(4)	Client's emergency management procedures;
54.(c)(5)	Medication schedule checklist;
54.(c)(6)	Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;
54.(c)(7)	Expenditure records; and
54.(c)(8)	Personal inventory.

Comment:

- 54.(a) No documentation or evidence in the following areas:
- 54.(a)(1)no Emergency procedures and an evacuation map
- 54.(a)(2)no Appropriate program policies and procedures
- 54.(a)(3) no list of applicable community resources
- 54.(b) no client notebook is present in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink
- 54.(b)(1) no client binder is available for review
- 54.(b)(2)no documents of necessary follow-up care
- 54.(c) There is no client notebook, MAR, Daily flow sheet. No documentation or evidence in the in the following areas:
- 54.(c)(1)no documentation of Client's vital information
- 54.(c)(2)no documentation of Client's current individual service plan
- 54.(c)(3) No signed MD orders
- 54.(c)(4)no documentation of emergency management procedures
- 54.(c)(5)No Medication schedule checklist
- 54.(c)(6)No Daily documentation
- 54.(c)(7) No Expenditure records
- 54.(c)(8) No Personal inventory

Page 6 of 6

Primary Care Giver

Date | 7 | 2 |
Date | 7 | 2 |
Date | 7 | 2 |